

EXHIBIT 5

USN

«Barcode»

Postal Service: Please do not mark barcode

Claim#: USN-«ClaimID»

«First1» «Last1»

«Addr1» «Addr2»

«City», «St» «Zip»

«Country»

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Civil Action No. 16-745 ESH

OPT-OUT FORM

THIS DOCUMENT MUST BE POSTMARKED NO LATER THAN JULY _____, 2017.

If you **DO NOT** want to be included in the Class, you must complete this form in its entirety, print and sign the form, and mail it to:

PACER Fees Class Action Administrator, P.O. Box 43434, Providence, RI 02940-3434

The Court will exclude you from the class if your request to be excluded is postmarked by **July _____, 2017.**

By my signature below, I confirm that I have received, read, and understood the notice of the PACER Fees Class Action lawsuit, and that I have decided to exclude myself from the Class. I understand that by doing so, I will not receive any money or benefits from this lawsuit even if the Plaintiffs obtain them as a result of a court ruling or from any settlement (that may or may not be reached) between the Plaintiffs and the United States government.

I wish to be excluded from the class described in the class notice and I **DO NOT** want to participate in this class action lawsuit.

If you are opting out on behalf of an entity (e.g., a company or law firm), please provide that entity’s legal name.

Signature

Full Name

Entity Name, if opting out on behalf of an entity (e.g., company, law firm)

Mailing Address

Phone Number

Email Address